

REPUBLIC OF THE PHILIPPINES
MUNICIPALITY OF KAPALONG
Province of Davao del Norte

QRF No. 20220711
 PR No. 100-22-08-0825
 Date 8/10/2022
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Sir/Madam: **Requestioning Office: MHO**

PURSUANT TO THE PERTINENT PROVISION OF REPUBLIC ACT NO. 9184 AND IT'S IMPLEMENTING RULES AND REGULATIONS, PLEASE QUOTE YOUR UNIT, TOTAL AND GRAND/LOT PRICE OF THE ITEMS LISTED HEREUNDER, WHICH THE MUNICIPALITY OF KAPALONG, DAVAO DEL NORTE DESIRES TO PURCHASE. SHOULD THE BIDS AND AWARDS COMMITTEE FIND YOUR PRICE REASONABLE, RESPONSIVE AND LOWEST IN THE MARKET, YOU WILL BE OFFICIALLY NOTIFIED AS TO THE DATE OF DELIVERY. IN CASE THERE IS A FAILURE OF DELIVERY AND/OR LATE DELIVERIES, LIQUIDATED DAMAGES SHALL BE IMPOSED AND BE CHARGED AGAINST YOUR PRESENT OR FUTURE TRANSACTIONS.

tem	Qty.	Unit		ABC	Unit	Total Price	Remarks & Date of Dilivery
1	2	bot	Cooper Sulfate	2,600.00			
2	250	bags	Blood Bags (Siingle)	350.00			
3	6	bxs	MC Lance	650.00			
4	5	bxs	microtube (edta)	1,000.00			
5	2	bots	Lugols Iodine	2,100.00			
6	10	gals	Zalcohol 70%	600.00			
			TOTAL APPROVED BUDGET CONTACT	111,800.00			

SUPPLIERS MUST SPECIFY/INDICATE BRAND NAMES UPON QUOTATION

(SGD.) MARY ELIZABETH L.EXALA
 BAC-Chairperson

I HEREBY CERTIFY:
 1) THE ABOVE PRICES OF THE ITEMS HEREIN DESCRIBED ARE CURRENT AND VALID FOR 60 DAYS FROM DATE OF THE OPENING OF CANVASS.
 2) IN CASE THE MUNICIPALITY OF KAPALONG, DAVAO DEL NORTE WILL OFFICIALLY NOTIFY THAT THE ITEMS WILL BE PRODUCED FROM MY/OUR ESTABLISHMENT, THE STOCKS ARE READILY AVAILABLE OFF THE SHELF.

NAME OF ESTABLISHMENT: _____
ADDRESS: _____
TEL. NO.: _____

 SIGNATURE

 PRINTED NAME

 POSITION

CANVASS BY: _____
 Signature Over Printed Name

